



Global Education Solutions™

CEA Program Application

Return Application Materials to:
CEA Global Education Solutions
2005 W. 14th Street, Suite 113
Tempe, AZ 85281-6977

Have you done everything? Double check and make sure that your application is complete!

- Review Policies
- Complete Application
- Submit Non-Refundable Application Fee
- Submit Non-Refundable Confirmation Deposit (Required for Summer Students)
- Submit your most recent transcript (Refer to the CEA website or contact a CEA advisor for transcript details, as requirements vary per program. All transcripts must indicate your full name, SSN / Student ID# and cumulative GPA.)
- Check the CEA website or call your advisor for your specific program.

Personal Information

CEA will mail items to your current address until the date indicated below. When this date arrives, CEA will send all mailings to your permanent address unless otherwise notified.

Full Name (As it appears on official records i.e. birth certificate, passport... etc.): _____
First Middle Last

Nickname: _____ Gender: Male Female

Email: _____ *This email must be kept current. CEA will communicate important information to you via email.

Current Address: _____
Number Street City State Zip Code Country

Address Valid Until: ____/____/____
MM/DD/YYYY

Primary Phone: () _____ Additional Phone: () _____

Permanent Address: _____

Permanent Phone: () _____ Place of Birth: _____
City State Country

Country of Citizenship: _____ Date of Birth: ____/____/____
MM/DD/YYYY

Best Time to Reach You: Morning Mid-Morning Afternoon Evening

Emergency Contact: _____ Relationship: _____

Primary Phone: () _____ Additional Phone: () _____

Current Academic Information

Home Institution: _____ State: _____

Major(s): _____ Minor(s): _____

Year in School: _____ Cumulative GPA (On a 4.0 Scale): _____

Primary Phone: () _____ Additional Phone: () _____

Are you currently or have you ever been on academic or disciplinary probation? If so, please explain.

Study Abroad Transcript Release

One official copy and one unofficial copy of your study abroad transcript are included in the program price. Upon successful completion of your program, CEA will mail a copy of your unofficial transcript to the permanent address indicated on this application. Please select one of the following options of your official transcript:

- I authorize CEA to mail my official transcript(s) to my home institution, as indicated on this application.
- I will submit a Transcript Request Form (TRF) to CEA indicating where I would like my official transcript sent. I understand that CEA will keep my official transcript on file until a TRF is submitted.

Program Information

Destination (Please specify city and country, i.e. Rome, Italy): _____

Academic Program (Please specify exact program name, i.e. international Business and Economics): _____

Term (i.e. 2010 Spring Semester) _____

Language Information

How would you categorize your language level in the language of the host country (If host is English-speaking, skip this section):

Beginner High Beginner Intermediate High Intermediate Advanced Superior

What is the highest college level foreign language you have taken?

None 100/1000 200/2000 300/3000 400/4000 500/5000

How long have you studied this foreign language? _____ High School Years _____ College Semesters _____ College Trimesters

If you are taking an English speaking program, are you a native English speaker, or did you complete your secondary schooling in English?

Yes No (If No, please provide your TOEFL, IGLTS, or Cambridge English Language Examination score: _____)

Study Abroad Questions

(The answers to these questions are only used as background information and will not affect your eligibility. Please limit your response to 50-200 words. If needed, attach an additional sheet.)

Do you have a passport? Yes Passport #: _____ No

When you began your study abroad search, how many providers were you considering (Including CEA)

1 (CEA only) 2 3 4 5 or more

If more than 1, who were the other providers? _____

Which of the following most influenced your decision to apply with CEA?

Catalog / Website Customer Service (Admissions Counselor) Recommended By Your University / Advisor Program Dates
 Location of Program Transferability of Credits Recommended By a Friend / CEA Participant Excursions Offered
 Program Price Course Selection My Friends Are Going on the Same Trip Housing Options
 Other: _____

How would you rate the service from CEA up to this point in the process?

Very Poor Poor Adequate Good Excellent N/A

Do you have initial concerns or special needs about studying abroad?

Financial Medical Current GPA Other: _____ None

What are your personal and academic goals for studying abroad and how do you plan to achieve them? _____

Packet Preference

If accepted, we will be sending you several important pre-departure documents to get you started. CEA encourages using paper responsibly in order to reduce the pressure we put on the environment and, therefore, provide a "green" option for receiving your packet. Please select which method you prefer your packet to be delivered:

Green Packet (Online) Mail it to me

Financial Information

What will be your primary source for paying your program tuition? (Select one)

- Self Parents Scholarship From Home Institution Financial Aid From Home Institution Private Loan

What will be your secondary source for paying your program tuition? (Select one)

- Self Parents Scholarship From Home Institution Financial Aid From Home Institution Private Loan

CEA will automatically include a student account statement(s) in your packet.

- No Additional Invoice Permanent Address Other Address (If you checked "Other Address", please indicate below)

Full Name: _____ Relationship: _____

Address: _____

Primary Phone: () _____ Additional Phone: () _____

Email: _____

Referrals

If you know individuals who might be interested in studying abroad, list their names below. For additional rules visit www.GoWithCEA.com/Refer

Friend 1

Full Name: _____ Primary Phone: () _____
First Last

Email: _____

Friend 2

Full Name: _____ Primary Phone: () _____
First Last

Email: _____

To refer more friends, go to: www.GoWithCEA.com/refer

Payment Information

If you have a promotion code, enter it in the space provided. Promotion Code: _____

Payment Amount:

- \$95 Non-Refundable Application Fee
- \$500 Non-Refundable Confirmation Deposit (Semester programs only, optional at time of application)
- \$300 Non-Refundable Confirmation Deposit (Summer programs only required at time of application)

Payment Type:

- Visa MasterCard
- Discover American Express
- Check / Money Order (Make payable to CEA and send to address on page 1 of application)

Total Amount: \$ _____

If paying by credit card, please include the following:

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____
Number Street City State Zip Code Country

Card Holder Name (Print): _____

Cardholder Signature: _____ Date: _____

IMPORTANT: Your application is not complete until the Agreement and Release form on the reverse side of this page is signed and dated.

Agreement & Release

1. I understand that my participation in a study abroad program ("Program") organized by CULTURAL EXPERIENCES ABROAD, INC. ("CEA"), an Illinois corporation, is contingent on CEA's review and acceptance of my CEA Application ("Application").
2. I acknowledge that I have read and accept the terms and conditions set forth in CEA's Policies, available on CEA's website at www.GoWithCEA.com/policies, which are incorporated herein by reference and which constitute part of this Application. This agreement is a legally binding contract.
3. I acknowledge that I may engage in activities that involve risk of loss of property, personal injury, illness or death. I hereby assume all of the foregoing risks and I release, waive, discharge and agree to hold harmless CEA and its officers, directors, employees and agents from any loss or liability in any way relating thereto. I unconditionally release CEA from any claims for damage, injury, loss or expense of any nature resulting from events beyond its control, including but not limited to acts of God, war, strikes, crime, terrorism, sickness, or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by, any housing agency, host family, travel agency, transportation provider, hotel or excursion provider, host institution, company or individual.
4. I understand that I will be traveling to a foreign country, with different customs, standards, laws and risks than I am unaccustomed to. I understand and acknowledge that (a) I may become sick or injured while participating in a Program; (b) I may be arrested or imprisoned if I do not conform to local laws; (c) there exists crime in foreign countries and that I may be a victim of crime; and (d) I may not agree with local customs and standards. I accept the above-described risks and other risks associated with travel in, to and among foreign countries. I understand that I am responsible for exercising caution and common sense at all times and that CEA is not responsible for my safety or acts of third parties, and I agree to release and not hold CEA responsible for any such problems I encounter in a Program.
5. I understand that as a Participant in the Program, I will be residing in housing arranged by CEA. I also understand that during the Program orientation, housing practices will be explained to me and a housing contract will be presented. I agree to abide by the terms of this Agreement and Release as well as any additional agreements or contracts required during the pendency of the program. In particular, and with respect to housing, I acknowledge and understand that I am solely responsible for my own possessions and safety of those possessions and, that CEA is not responsible for theft or burglary of my possessions, nor is CEA responsible for lost or misplaced possessions of mine at any time. I also acknowledge that it is my sole responsibility, relating to my personal possessions, that I inquire from my insurance company, whether any particular property or rental insurance policy I maintain or that are maintained for me, cover my possessions, will be valid in the location of my study abroad program, and if not, that if I wish for my possessions to be insured, that it is my sole responsibility to deal with insurance providers who will cover my possessions in the location of my study abroad program, and it is my sole responsibility to understand, make available, or obtain coverage for my personal possessions in the location of my study abroad program.
6. If I am sick or injured while participating in the Program, I authorize CEA to take such action as it considers necessary to secure treatment and/or transportation back to the United States. I release CEA from any liability relating to this medical care. I agree to provide the name of an Emergency Contact whom CEA may contact should CEA deem it necessary. If CEA incurs and expense on my behalf that is not covered by insurance, I agree to make immediate repayment upon my return. I hereby acknowledge that this Application does not create any affirmative duty or responsibility for CEA to take any action should I become sick or injured while participating in a Program.
7. I also authorize release to CEA, through my signature below, protected health and mental health records, such release expiring on completion of the Program. By signing below and providing this release, I understand that:
 - I can revoke this Authorization at any time by giving my written revocation to the Disclosing Provider/Covered Entity. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization.
 - I can refuse to sign this Authorization, and the disclosing provider/plan may NOT condition treatment, enrollment in the health plan or eligibility for benefits on whether I sign this Authorization.
 - I am authorizing disclosure of information protected under federal law. This information, once disclosed, may be subject to re-disclosure by the recipient and may no longer be protected by state and federal law.
 - I may ask the provider/covered entity for a copy of the protected health information being disclosed under this Authorization.
- I will be provided with a signed copy of this Authorization.
- A photostatic copy of this document shall have the same effect as the original of same. Authorization to release health and mental health records does not create an affirmative duty or obligation for CEA to do a background check of Applicant as Applicant remains obligated to be honest and forthright, and not omit or misrepresent information requested. CEA reserves the right to obtain records pursuant to this release, within the applicable period, in the event of ambiguity of information, disputes or unanticipated or unusual conduct exhibited during the Program.
8. I will comply with all CEA's Policies, including its rules, standards, instructions and practices for program participation behavior, including housing. I understand that failure to do so may result in disciplinary action up to and including dismissal from the Program. If dismissed, I understand that (a) the cost of returning home is my own expense, and (b) I will not receive a refund of any kind. I understand that my participation may be terminated if I am expelled from school, deemed academically ineligible by the school, or otherwise disciplined by school or civil authorities, or if CEA, in its sole discretion, determines that my conduct is incompatible with the safety or welfare of other participants and/or myself, or, in any way undermines the Program. I agree to indemnify CEA if I do anything that causes CEA to sustain financial loss or liability.
9. I understand that CEA requires all participants to enroll in the CEA insurance plan. I understand it provides insurance coverage for my benefit while in the Program, including health, accident and accidental death insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that CEA is not responsible for any uninsured losses.
10. I understand that CEA reserves the absolute right to reject my application or dismiss me from a Program if, after acceptance, CEA learns of a condition (personal, medical, academic and/or psychological) which in the reasonable opinion of CEA may endanger me or others, and/or puts me at risk in a foreign country, and/or shows a history of an inability to adapt to challenging situations, and/or creates or requires burdens and resources not required or necessary to maintain other students.
11. I understand that CEA occasionally uses statements made by its students and/or their photographs in marketing materials on the web and in print. I consent to such use of my statements or photographs of me. I agree that CEA may add my name and email address to an email distribution list which will be shared by other participants on my Program, unless I notify CEA in writing otherwise.
12. I authorize CEA to release my Application and supporting documentation to my host institution(s), my home institution(s), their personnel and CEA Staff.
13. I understand that CEA or the sponsoring academic institution reserves the right to make changes, cancellations or substitutions to the Program for insufficient enrollment, emergency or changed conditions or based upon the interest of the group. I understand that any expenses incurred due to these changes, cancellations or substitutions are at my expense. If I choose to leave the Program as a result of these changes, I understand there will be no refund of program fees or of any expenses already paid.
14. I understand that obtaining a passport and any other required travel documents is my sole responsibility. Whether I am a U.S. citizen or not, I shall hold CEA harmless in the event I cannot or choose not to obtain the necessary documents for participation in the Program. I understand that the inability to obtain these visas and other documents does not constitute grounds for a refund or waiving any program fees.
15. Any action or suit brought relating to this Application or my participation in a Program must be commenced and maintained in the appropriate state court of Arizona, located in Phoenix, Arizona or a Federal district court located in Phoenix, Arizona as applicable. The parties irrevocably consent to jurisdiction and venue in such courts for such purposes and agree not to seek transfer or removal of any action commenced in any such court, and agree that Arizona law applies irrespective of any conflict of laws analysis. In the event either party hereto institutes an action or other proceedings to enforce any rights arising under this Application, the party prevailing in such action or other proceeding will be paid all reasonable costs and attorney's fees by the other party. Such fees to be set by the court and not by a jury and to be included in any judgment or award entered in such proceeding.
16. References in this agreement to "Applicant", or "I", shall include the Applicant, any legal guardian or parent of the Applicant, and the Applicant's spouse and heirs. References in this Agreement to "CEA" shall include Cultural Experiences Abroad, Inc., and its subsidiaries, and all of its officers, directors, employees, agents, interns, representatives, group leaders and host school officials.

I (or if I am a minor, my undersigned parent or legal guardian) certify that all of the information I have provided on this Application is true and accurate to the best of my knowledge and I agree to inform CEA as soon as I learn of any error or change to this information. I understand that any misrepresentation, irrespective of whether innocent or intentional, may result in rejection of my application and dismissal from the CEA Program, irrespective of whether the Program commenced or not. I agree with the above Agreement and Release, including but not limited to paragraph 6 above. I acknowledge that the terms and conditions outlined in CEA's Policies constitute part of my agreement with CEA including but not limited to sections concerning program costs, payment obligations, program changes, housing, and student code of conduct. I have read and agree to CEA's Policies and program information. This agreement will be effective as of the date stated below and shall be governed by the laws of the State of Arizona.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Name of Guardian: (If Applicant is under 18 years of age) _____

Signature of Guardian: _____ Date: _____